UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

RECEIVED
SDNY PRO SE OFFICE
2016 JUN 16 PM 5:00
S.D. OF N.Y.

Shirley A Singleton & Fd on case
Next Kin Lillian Williams of Canvessa
Edwards the children of Ms. Singleton.

*(In the space above enter the full name(s) of the plaintiff(s).)*

J.E. involved

**COMPLAINT**

-against-

Ms. Mourone
Mr. Harvey Hogan
Ms. Sybil Campbell
Mr. Gerald Edwards.
Ms. Nancy Amotto.
Ms. Debra Menreal
Ms. C. M. Guenne
Mr. Ligouri, Thomas -
Ricardo Connie Richardson.
+ other organizations, crews + groups + gangs the assoc with
Also hired Hits no take our lives

*(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)*

Jury Trial: ☑ Yes ☐ No
(check one)

16CV 4608

**I. Parties in this complaint:**

A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff
Name: Shirley A Singleton
Street Address: 188 Palisades Ave
County, City: Westchester County, Yonkers
State & Zip Code: New York 10703
Telephone Number: 914 966-1300 Ext. 303 914 484 6882

B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1
Name: Ms. Mongone
Street Address: She's followed me to several Address (2-3 investigation) + Pulls Out gunfire + Assault + organization For Help (PG) involved
I'm and Anger - Accent + Gorilla ... [illegible] of Help

County, City Westchester County
State & Zip Code New York State + Boroughs
Telephone Number unknown.

Defendant No. 2

Make ID, Looks + changes
Name Ms. Sybil Campbell Micrela436
Street Address ~~Of Morris Plains NJ~~ league NJ case
County, City
State & Zip Code (TGB) Hospital Same lady on Assoc.
Telephone Number

Some Some

Defendant No. 3

Name Family + friends + Assoc.
Street Address Have taken sides
County, City this fight + has lied +
State & Zip Code Joined In.
Telephone Number (Several dozen Held my children Hostage) they deny others too me

Defendant No. 4

Name
Street Address The Campbell + Hogan +
County, City Gotti family The Mob
State & Zip Code
Telephone Number Of New York State + New York Boroughs

## II. Basis for Jurisdiction:

Donna (p.s.)

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than $75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal Questions ☒ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? ______________________________

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship New York + New Jersey (only) the followers
Defendant(s) state(s) of citizenship New Jersey 11478 NY.

## III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? In the STATE of New Jersey then New York Boroughs Then NY STATE last PA for A short time

B. What date and approximate time did the events giving rise to your claim(s) occur? Always all DAY + Half too 1/3rd of the night. whenever het their groups or crews could. (gangs)

C. Facts: These people Have Been Harrassing me + fraudulent gunfire for years. After Jail Release they Hold Hostages, who still Are + live. They have such Big crowds covering they have stolen All my Income + Rights medical. All The Names Above Are involved increased lately. I have film, sound, Amber Alerts + Gorilla calls on my phone's I Also have Been Blackmailed, had everything stolen 2 1/2 - 3 years (Mr. Hogan - he wrapped my daughter in A Rag + placed her in A trunk 90 degree weather [illegible] forces me too say what he + his org wants. People hired too Do drifts follow me + I have 2 Amber Alert witnesses came forward w/proof + film + there several witnesses The town (A family of 16 who had 16 children or more + A father 1000 kids or more. + they scare people with Roots, ~~[illegible]~~ witchcraft etc. (Koozies) The stole my cash pull gunshots Heavy gunfire too dozens to leave me in shelter no income

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. These people gave me A Heart condition + High Blood pressure + other medical conditions The caused me too Have to Attack several times on the streets I'm now Handicapped + sometimes require A Heart Monitor, wheel chair + Ambulatory services which doesn't do personals I've been refused an Aide + Social worker or roommates. lit Have friends + family (who die 2005) check medical transfer letters + Albany NY. I was almost hurt Bad on A Bus I dont have good use of hands, feet for eleven years cardiac + sickle cell (1) yr handicapped with 2 Heart operations + A third needed Cause of Mental + Physical Abuse

Deny All children help + custody from Mr. Carter + Mr. Edwards Kids Are All Endangered

Investigate the 29 father + psych [illegible] + dead [illegible]

pg. 15 several involved

I Need Adjusted Income + full Medical Benefits (Cardiac - Sickle cell) An Top Investigation for the

**V. Relief:** Return of 13 grandchildren's - 15 + 5 - 10 Adults my kids / H' LS/SW Santa

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. (All of our) I can no longer work I'm handicapped + my hands go in / out of use daily. I want my income returned + A Home Before I die. I'm (upset) two sickle cell (4 cells then done two 2-1) one is sickle cell I've sat A-fever + sick on intensive care + cardiac arrest (emergency rooms) Almost dead (Body checked) + federal funds of my own. They steal, the Bank steals, the programs steal - SSI gave take paperwork I have 2 different copies. The food stamp grant + rent grant cancelled + accounts they hide in my name + deny to give back. They lie + lower check monthly. They claim mental + it's not proof in files for tape. I need

We have little money no clothes nothing All family members etc Taken + need return They are all medically ill (Beaten) + etc They go on with questions + I mind federal funds or personal stealing

**I declare under penalty of perjury that the foregoing is true and correct.** An Home with Security + protection someone to guard us A Home. Ms. ... Coldwell is family on this case I found out at P.G.S. need I need to remove within 5 ticks All of them it's Ms. Campbell Group / 181 Mott. + other federal Jobs ideas + P.G. Accts MHA Accts Families ... court 2 ...

Signed this 16 day of June, 2016

Signature of Plaintiff S Singleton

Mailing Address 185 Palisades Ave
Yonkers NY 10703

Telephone Number 914 966-1300 Ext 303

Fax Number *(if you have one)* 914 484-6882

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

**For Prisoners:**

I declare under penalty of perjury that on this 16 day of June, 2016 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: Ms. Shirley Singleton

Inmate Number ____________